REISSUE PATENT APPLICATION TRANSMITTAL								
Address to:		Attorney Docket No.	0573-1004-1	8				
(Commissioner of Patents	Inventor	Jean TAYLOR and	25.				
Mail Stop Reissue			Bernard VILLARET	00				
	P.O. Box 1450 Al xandria, VA 22313-1450	Original Patent Number	6,267,765	83				
'	Al Xaliulia, VA 22313-1430	Orig. Patent Issue Date	July 31, 2001					
APP	LICATION FOR REISSUE OF: (Check applicable box)			Patent				
Encl	osed are:							
\boxtimes	Specification and Claims in double colu	ımn conv of natent format (s	emended if appropriate)					
\boxtimes	Specification and Claims in double column copy of patent format (amended, if appropriate)							
	Drawing(s) (proposed amendments, if appropriate)							
	Original U.S. Patent currently assigned	Reissue Oath or Declaration/Power of Attorney (original or copy)						
	(If checked, please check the following applicable box(es))							
	☐ Written Consent of all Assignees (PTO/SB/53)							
	☐ 37 C.F.R. §3.73(b) Statement (P	ΓO/SB/96)						
	Assignment Papers (cover sheet & doc	cument(s))						
 ✓ Application Data Sheet under 37 C.F.R. § 1.76 ✓ Applicant claims small entity status under 37 C.F.R. § 1.27 								
							\boxtimes	Statement of status and support for all changes to the claims. See 37 C.F.R 1.173(c)
\boxtimes	Original U.S. Patent for surrender (check appropriate box)							
	○ Offer to surrender the original patent							
	Ribboned Original Patent							
	Statement of Loss (PTO/SB/55)							
\boxtimes	Foreign Priority Claim (35 U.S.C. 119)							
	Information Disclosure Statement (IDS) w/PTO-1449 - Copy of IDS citations							
	English Translation of Reissue Oath/Declaration (if applicable)							
\boxtimes	Preliminary Amendment	она пот (п аррионато)						
\boxtimes	Itemized Return Receipt Postcard							
☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)								
	Nucleotide and/or Amino Acid Sequence							
J	a. Computer Readable Form (• • •	·					
	b. Specification Sequence Listing or							
	i. CD-ROM or CD-R (2 co	-						
	c. Statement verifying identity	•						
\boxtimes	Other Attachment: Reissue Applic	cation: Statement of	Non-Assignment					
(PTO/SB/53)								
CORRESPONDENCE INFORMATION Customer Number: 000466 Bar Code Label:								
Corr	Correspondence Address: Young & Thompson							
	745 South 23 rd Street, Second Floor Arlington, VA 22202							
			Facsimile (703) 979-4709)				

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REISSUE PATENT APPLICATION TRANSMITTAL

(continued)

Attorney Docket No. 0573-1004-1

he reissue filing fee has been calculated as follows:

CLAIMS AS FILED - PART 1

=-		No. Filed In Reissue Application		SMALL ENTITY		LARGE ENTITY	
- For	Claims In Patent		(3) Number Extra	Rate	Fee	Rate	Fee
Basic Fee	grand (5 9		· ·	\$375.00		\$750.00
Total Claims	(A) 13	(B) <u>13</u>	**** 0	X \$9.00	\$	\$18.00	\$
Independent Claims	(C) <u>2</u> -	(D) <u>2</u>	* 0	X \$42.00	\$	\$84.00	\$
TOTAL SMALL ENTITY				\$375.00	.		

TOTAL LARGE ENTITY

CLAIMS AS AMENDED - PART 2

						SMALI	LENTITY	LARGE ENTITY	
=	(1)		((2)	(3	RATE	FEE	RATE	FEE
1	Claims		Hiç	ghest	Extra		1		ŀ
	Remaining		Nu	mber	Claims	Ì	1		
	After		Prev	iously	Present				
	Amendment		Pai	d For					
Total Claims	*** 28	-	**	20	* 8	\$9.00	\$72.00	\$18.00	\$
Independent Claims	*** <u>4</u>		****	3	1	\$42.00	\$42.00	\$84.00	\$
Multiple	S. Salar	- 17	(31)		the grade and a	\$140.00	\$0.00	\$280.00	\$
Dependent			100				t —		
Claim Fee	500 mg			4	9				
					TOTAL SMA	LL ENTITY	\$489.00	4 H	100
	TOTAL LARGE ENTITY					\$			

If the entry in (D) is less than the entry in (C), put a "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, put "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, us (B-20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

A Check in the amount of \$489.00 to cover all fees is attached.

The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit account No. 25-0120 in the name of Young & Thompson, as described below. A duplicate copy of this sheet is enclosed.

The Commissioner is hereby authorized in this, concurrent, and future replies, to charge payment or credit any overpayment to Deposit Account No. 25-0120 for any additional fee required under 37 C.F.R. §§ 1.16 or 1.17.

Eric Jensen, Reg. No. 37,855

745 South 23rd Street Arlington, VA 22202 Telephone (703) 521-2297

EJ/Imt

Date: July 30, 2003

Y&T 6/3/2002